

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Regina Lewis

14 CV 0683

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

A. Ferguson, K. Spivey, J. Childress  
Lloyd Epskin, metropolitan  
Detention Center all in their  
individual capacity

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

Individual Capacity  
COMPLAINT

-under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial:  Yes  No  
(check one)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Regina Lewis  
ID # \_\_\_\_\_  
Current Institution MDC  
Address PO Box 32900 2  
Brooklyn, NY 11232

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name A. Ferguson Shield # \_\_\_\_\_  
Where Currently Employed MDC  
Address PO Box 32900 2  
Brooklyn, NY 11232

Defendant No. 2 Name K. Spivey Shield # \_\_\_\_\_  
 Where Currently Employed mDC  
 Address PO Box 329002  
Brooklyn, NY 11232

Defendant No. 3 Name J. Childress Shield # \_\_\_\_\_  
 Where Currently Employed mDC  
 Address PO Box 329002  
Brooklyn, NY 11232

Defendant No. 4 Name Metropolitan Detention Center Shield # \_\_\_\_\_  
 Where Currently Employed mDC  
 Address PO Box 329002  
Brooklyn, NY 11232

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?  
metropolitan Detention Center
- B. Where in the institution did the events giving rise to your claim(s) occur?  
living area
- C. What date and approximate time did the events giving rise to your claim(s) occur?  
1-3-14 - 1-4-14

D. Facts: According to Sentry release information a clearance and relinquished custody order was issued by the Court on 8-14-12 to a non-bureau facility (Westchester Co. Hospital). The information also stipulated low-level custody, non-violent in Psych Alert, no detainees or notifications. This order was violated by unit team and Warden/Captain. At this time I have mixed out any proposed sentencing guideline and the time to hold me or to prosecute me has expired. I am not sentenced or committed so I should not have been transferred to a federal prison nor can I be absent my consent. See 18 USC 4083 and 18 USC 4001 and BOP policy 549.40, 18 USC Chapter 3, and 18 USC 404.2 (b) 28 CFR part 500. I am being ambushed with incident reports by the unit team rather than assisted with release. I do not meet the criteria for involuntary hospitalization nor transfer to BOP custody.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. emotional distress, physical abuse,

Physical deterioration, denied prescribed treatment for high blood pressure, anemia, asthma. I am at high risk for sudden heart attack. My vision is blurred vision, I fear for my life.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes X No \_\_\_\_\_

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Metropolitan Detention Center

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

If YES, which claim(s)? Supplies, Legal call, unlawful imprisonment

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No \_\_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

it was rejected

1. Which claim(s) in this complaint did you grieve? tissue, phone call

2. What was the result, if any? I was written up and sent to suicide watch and denied a phone call

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

Sent BP to FBP Director, Regional Warden

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: no response or

returned unanswerable

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

At this point they are violating clearly established law so they have no immunity and I am suing them in their individual capacity.

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

my release and \$10,000,000,000 million Dollars) from each defendant named in their individual capacity

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes X No X

On  
these  
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Regina Lewis

Defendants Eric Lewis

2. Court (if federal court, name the district; if state court, name the county) U.S.D.N.Y.

3. Docket or Index number 12 CIU 7242

4. Name of Judge assigned to your case ?

5. Approximate date of filing lawsuit 2012

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Eric Lewis was

Served on Dec. 5, 2013 and I filed a default

judgment on 1-12-2014 tort claim response due by 3-14-14

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes  No

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Regina Lewis

Defendants FBI - NY

2. Court (if federal court, name the district; if state court, name the county) U.S.T.N.Y. - Tort CIU 161m

3. Docket or Index number 12 CIU 7242

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of January, 2014.

Signature of Plaintiff

Inmate Number

Institution Address

Regina Lewis

67206-054

MDC

PO Box 32900 Z

Brooklyn NY 11232

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 23 day of January, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Regina Lewis